Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: US DEPARTMENT OF COMMERCE

PCT/GB2005/000416

Stanley George BONNEY

A METERING PUMP SYSTEM

04 February 2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Application Number

First Named Inventor

Filing Date

Title

Art Unit

POWER OF ATTORNEY

CORRESPONDENCE ADDRESS

INDICATION FORM

and

| | Examiner Name | | |
|--|---|---------------------|--|
| | Attorney Docket Number | PB60733-F | |
| | | | |
| I hereby appoint: | | | |
| Practitioners associated with the Customer Numbers. 23347 | | | |
| Or | | | |
| ☐ Practitioner(s) named below: | | | |
| Name | | Registration Number | |
| | | | |
| | | | |
| the state of the s | | | |
| As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the | | | |
| United States Patent and Trademark Office connected therewith. | | | |
| Please recognize or change the correspondence address for the above-identified application to: | | | |
| The address associated with the above-mentioned Customer Number: | | | |
| Or | | | |
| ☐ The address associated with Customer Number 23347 | | | |
| | | | |
| Or | | | |
| Firm or Individual Name: Address: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Country: | | | |
| Telephone: | Fax: | | |
| I am the: | | | |
| Tant die. | | | |
| ☐ Applicant/Inventor: | | | |
| Assignee or record of the entire interest. See 37 CFR 3.71. | | | |
| Statement upder 7 AR 3.73(b) is enclosed. (Form PTO/SB/96) | | | |
| SIGNATURE of Applicant or Assignee of Record | | | |
| | | 1 7 MAY 2005 | |
| Name: Peter John GIDDINGS | Telephone: +44 20 8047 4414 | | |
| Title and Company: Altorney and Authorised Official, Glaxo Group Limited | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. | | | |
| Submit multiple forms if more than one signature is required, see below*. | | | |
| *Total of: forms are submitted. | | | |
| This collection of information is require | This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit | | |

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CRF 1.14. This collection is essential to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for